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BROWN ON SURGICAL DISEASES OF WOMEN, SIXTEEN PAGES.

CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals during the Month of December, 1854.


Lithotomy.—The patient in Case 7 of last month's report, then under treatment, has since recovered.

Number of cases, 7; recovered, 5; died, 2.

Case 1. A large, corpulent man, aged 62, under the care of Mr. Fergusson, in King's College Hospital. He had suffered severely from symptoms of stone for two years. A large lithic acid calculus was removed without difficulty by the usual operation. On the second day afterwards, typhoid symptoms, with low delirium, supervened, and on the third day death took place. **Case 2.** A man, aged 54, but whose aspect was more like that of 70, under the care of Mr. Birkett, in King's College Hospital. He had suffered severely from the stone for upwards of two years and a-half. A stone of moderate size was removed. Not much

blood was lost during the operation; but, in the following night, hemorrhage to the extent probably of about six ounces occurred. For two days he appeared to be doing fairly, but subsequently sank into a low state, and died on the sixth day. At the autopsy there was found acute inflammation of the left kidney, suppuration and complete disorganization of the right; a collection of pus between the left vesicula seminalis and the bladder, and lobular pneumonia of both lungs. The cause of these lesions had doubtless been pyæmia. **Case 3.** A delicate boy, aged 3, under the care of Mr. Quain, in University College Hospital. There was a perineal fistula, through which the urine escaped. The stone was very small; and, in its extraction, Mr. Quain did not find it necessary to incise the prostate. The boy recovered well; he had previously suffered severely. **Case 4.** An unhealthy boy, aged 2½, under the care of Mr. South, in St. Thomas's Hospital. The usual operation was performed, and the boy recovered

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very well. *Case 5.* A boy, aged 8, in fair health, under the care of Mr. Charles Guthrie, in the Westminster Hospital. The usual operation was performed, and a mulberry calculus removed. Recovered. *Case 6.* A very delicate boy, aged 8, under the care of Mr. Athol Johnson, in the Hospital for Sick Children. Recovered. *Case 7.* A boy, aged 5, under the care of Mr. Athol Johnson, in the Hospital for Sick Children. Recovered. Some troublesome secondary hemorrhage, probably venous, occurred; it was arrested by large doses of gallic acid.

Herniotomy.—Number of cases, 16; recovered, 6; died, 10.

Case 1. A woman, aged 46, under the care of Mr. Callaway, in Guy's Hospital. Hernia femoral; strangulated five days; symptoms severe. The taxis had been abused before admission. The reduction was very easily effected without opening of the sac, and the vomiting afterwards ceased. Some hours after the operation, however, the patient began to sink, and death took place on the following day. No autopsy was permitted; but Mr. Callaway opened the sac of the hernia from the wound, and found it much inflamed, and containing a portion of adherent omentum. A part of bowel, which was dragged down, was extremely congested. *Case 2.* A very fat woman, aged 67, under the care of Mr. Birkett, in Guy's Hospital. The hernia was femoral, of old standing, and had been strangulated fifty-five hours. The sac was opened, and the bowel, although much inflamed, was deemed recoverable, and accordingly returned. On the third day the bowels acted spontaneously; but, on the fifth, the gut gave way into the womb, and feces escaped. The artificial anus continued open ever afterwards, and the feces passing in part by it and in part by the natural passage. Death, with symptoms of exhaustion, occurred on the twenty-fifth day. At the post-mortem the gut was found firmly united by adhesions to the sac, the opening in it being about capable of admitting a quill. There was a large collection of matter behind the peritoneum. *Case 3.* A woman, aged 68, admitted in an all but hopeless state, under the care of Mr. Fergusson, into King's College Hospital. The hernia was femoral, and had been irreducible for three months. The history given was, that for six days she had suffered from

severe symptoms of strangulated bowel, during the whole of which time she had been attended by a surgeon's assistant, who had proposed nothing efficient for her relief. There had been obstinate constipation and continued vomiting, which latter had at length become of stercoraceous character. The tumour was about the size of a bantam's egg, and livid. Mr. Fergusson immediately operated. The sac having been opened, a portion of intestine, in an advanced state of decomposition, was found, which smelt most offensively, and beneath it lay a very small knuckle of deeply congested intestine. The stricture was very tight. The omentum was cut away with scissors, and the bowel returned. The patient survived only nine hours. At the autopsy, about an inch of the ilium was found in a gangrenous state; and, although not actually perforated, broke down readily under the finger. There was a good deal of adhesion from recently effused lymph, and some pus lay here and there in spots over the highly congested coils of bowel. The obturator artery rose from the epigastric, and crossed the neck of the sac; it had not, however, been injured. *Case 4.* A woman, aged 75, admitted into St. Bartholomew's Hospital, under the care of Mr. Stanley, suffering from a femoral hernia, which had been strangulated four days. The taxis had been much abused before admission. The sac having been opened, the intestine was found gangrenous, and feces had escaped. The stricture was divided, and the gut laid open. The patient sank from peritonitis on the fourth day. At the autopsy the evidences of extensive peritonitis were found. *Case 5.* A woman, aged 48, under the care of Mr. Stanley, in St. Bartholomew's Hospital. Hernia femoral; strangulated forty-eight hours. Much force in attempts at taxis had been employed, and the patient suffered from acute peritonitis at the time of the operation. The sac was not opened. The peritonitis continued to increase in spite of treatment after the operation, and the patient died on the fourth day. The post-mortem showed extensive peritonitis. *Case 6.* A woman, aged 48, under the care of Mr. Lawrence, in St. Bartholomew's Hospital. She was in very feeble health, and had been badly fed. There was a femoral hernia on the right side, nearly as large as a walnut. Strangulation had existed for ninety-six

hours, during which time there had been extreme pain and constant vomiting. The surgeon in attendance had applied blisters to the abdomen, and exhibited calomel, the nature of the case not being discovered. Mr. Lawrence operated immediately. The sac was opened, and about 3ij of dark-coloured serous fluid escaped. The intestine was very dark, and, in a small portion, felt soft and flaccid; it was, nevertheless, thought best to return it. Feces escaped by the wound seventy-two hours after the operation, and continued to do so up to the time of death, which took place on the fifteenth day. There had been, during the whole time, discharge of feces by the rectum also. Death appeared to be from exhaustion. At the autopsy the bowel, which had been down, was found to be a portion of the lower tract of the ilium. It adhered firmly to the neck of the sac; the aperture in it would about admit a quill. The bowel above the seat of disease was distended with flatus; that below was empty and collapsed. There was no peritonitis.

Case 7. A man, aged 69, under the care of Mr. Lawrence, in St. Bartholomew's Hospital. Hernia scrotal, as large as two fists; strangulated three hours; sac not opened. The man had bronchitis before the operation, and afterwards was in a critical condition from congestive pneumonia; he, however, with this exception, recovered well.

Case 8. A woman, aged 30, under the care of Mr. Ward, in the London Hospital. Hernia femoral; strangulated forty-eight hours. The operation was by the small incision over the inner side of the neck of the sac, the sac being, of course, not opened. The symptoms were severe before the operation, but the patient did uninterruptedly well afterwards. Opium in half-grain doses twice daily was exhibited during the six days following the operation.

Case 9. A woman, aged 50, under the care of Mr. Adams, in the London Hospital. Hernia femoral; strangulated four hours. There were almost no symptoms of strangulation present; but, as the tumour was tense and irreducible, Mr. Adams deemed it best to relieve it. Sac not opened. Recovered without a bad symptom. This woman had been operated on on the same side two years previously by Mr. Adams. There was nothing in the condition of the parts to reveal this circumstance, the scar being imperceptible; the fact was, indeed, not known until after the second operation. In the first, the incision had been a very small one, and the sac not opened.

Case 10. A very fat woman, aged 58, under the care of Mr. Solly, in St. Thomas's Hospital. Hernia umbilical, as large as a fist; strangulated twenty-four hours. Sac opened, and found to contain a knuckle of bowel, and a large mass of omentum. The intestine was returned, and the omentum left in sac. For several days the patient was sunken and extremely ill; she ultimately, however, recovered.

Case 11. A man, aged 48, under the care of Mr. Simon, in St. Thomas's Hospital. Hernia femoral; strangulated thirty hours; sac not opened. Recovered without a bad symptom.

Case 12. A woman, aged 70, admitted moribund, under the care of Mr. Cock into Guy's Hospital. She had suffered from strangulated femoral hernia for at least sixty hours, and was in an extremely weak condition. Some brandy was given; and, by a small incision over the neck of the sac, Mr. Cock succeeded very easily in effecting the return of the bowel, the sac not being opened. The operation was done, as the patient lay on the bed, and without chloroform, her condition being such that the incision was scarcely felt. Death took place about six hours afterwards.

Case 13. A woman, aged 70, admitted moribund into St. George's Hospital, under the care of Mr. Cutler. Hernia femoral; strangulated eight days; sac opened. Death from collapse two hours afterwards.

Case 14. A woman, aged 60, admitted into St. George's Hospital, under the care of Mr. Hawkins. Hernia femoral; strangulated three days; sac opened. The patient had peritonitis at the time of the operation, and the intestine in the sac was covered with lymph. Death from peritonitis followed on the fourth day.

Case 15. A woman, aged 60, under the care of Mr. Pollock, in St. George's Hospital. Hernia femoral; strangulated two days; sac opened. Recovered.

Case 16. A woman, aged 43, under the care of Mr. Canton, in the Charing-Cross Hospital. Hernia femoral; strangulated upwards of three days; sac opened. The woman was extremely ill, and had stercoraceous vomiting. A few days before, she had had the gut strangulated; but it was then reduced by taxis. Death from peritonitis followed twenty-eight hours after the operation. At the autopsy the strangulated portion of bowel was found to have almost completely re-

covered itself. There was very extensive peritonitis, and much effusion of lymph, with a considerable quantity of fluid also. There were fibrous tumours in the uterus, and cysts in the ovary.

Ovariectomy (Exploration).—An unmarried woman, aged 22, in excellent health, florid, and moderately stout, from the country, was admitted into St. Bartholomew's Hospital, under the care of Dr. West, on account of a large ovarian cyst. Her health and youth being considered, it was deemed very desirable to attempt a radical cure of the disease. The tumour was supposed to arise from the right side, but it had considerably passed the median line, and now filled the lower part of the abdomen. At Dr. West's request, Mr. Paget proceeded to attempt the removal of the cyst. An incision about two inches long was made for the purpose of exploration, a little to the right of the median line, midway between the umbilicus and pubes. The finger being introduced, it was found that the cyst adhered in all directions, and though perhaps not so firmly as to have been inseparable, it was thought best not to proceed with the operation. A puncture having accordingly been made, and a large quantity of fluid removed, the wound was closed. The wound afterwards reopened, and there has been suppuration from the interior of the cyst. The patient has been extremely ill, and reduced in a state of severe hectic; the suppuration is, however, now fast decreasing in quantity, and her condition is improving. It is nearly two months since the operation.

Trephining of the Skull.—*Case 1.* A man, aged 50, was admitted into the London Hospital, having sustained a fracture of the skull, from falling into a ship's hold. There was depression of bone near the anterior inferior angle of the right parietal, but not to a great extent. The symptoms of compression continuing severe, it was, on the second day, determined to cut down and examine the spot. By means of Hey's saw, and an elevator, Mr. Luke removed the depressed portion of the bone, and then, with a spatula, took out a large mass of blood, which extended between the dura mater and the skull downwards towards the base of the brain. The dura mater was not torn. No benefit resulted from the operation, but the man lived two days afterwards. An autopsy was not permitted by his friends,

but it was very probable that the base of the skull had been fractured. *Case 2.* A sailor lad, aged 16, was admitted, under Mr. Ward's care, into the London Hospital, having fallen from the mast of a ship. There was a fracture of the frontal bone, which extended downwards from the left eminence into each orbital plate. No symptoms of compression were present during the first three days; on the fourth they supervened, and Mr. Ward accordingly proceeded to remove the depressed bone. A portion, of wedge shape, being quite detached, was easily extracted, and the elevation of the rest was then accomplished without its being needful to use either the trephine or Hey's saw. The fracture appeared to be very extensive, and the dura mater was much lacerated. Death occurred on the day following the operation. *Case 3.* A man, aged 49, was admitted, under the care of Mr. Hilton, into Guy's Hospital, having sustained a compound fracture of the skull from the fall of a brickbat on to his head. Paralysis of the left arm was his only symptom, the intellect being unimpaired. That symptom persisting, the elevation of the bone was performed on the second day. The dura mater was not originally lacerated, but it subsequently sloughed, and a fungus of the brain appeared. Rigors afterwards occurred, and the man sank into the condition characteristic of pyæmia. Death took place on the fourteenth day. At the *post-mortem*, the veins of the diploe were found filled with pus, and there were many insulated spots in the lungs in a state of acute pneumonia. The injury to the brain had affected the right optic thalamus. *Case 4.* A man, aged 35, was admitted, under Mr. Birkett's care, into Guy's Hospital, having, with intention of suicide, discharged a pistol loaded with a single ball close to his right temple. The ball had not entered the skull, but had been divided by the bone into two halves, which lay embedded in the soft parts. A portion of the frontal bone had been driven in, and was supposed to be the cause of the symptoms of cerebral compression which were present. Mr. Birkett used the trephine, and removed from the dura mater some spicules of bone which had been driven into it; the dura mater itself was lacerated. The patient survived the injury for six days. At the autopsy there was found extensive contusion and laceration of the right cerebral

hemisphere, which had probably been caused by the force of the explosion. *Case 5.* A man, aged 43, under the care of Mr. Erichsen, in University College Hospital. The bone was extensively injured, depressed, and comminuted; but there were no symptoms of compression of the brain. The man has done well since the operation, and the wound is fast healing.

Amputations.—Two of the cases mentioned last month, and left under treatment, have recovered; the other two are yet under care.

Number of cases, 30; recovered, 11; under treatment, 13; died, 7.

Of the Thigh.—*Case 1.* A man, aged 60, under the care of Mr. Hancock, in the Charing-Cross Hospital, for great deformity of the leg, consequent on old standing disease and repeated fractures. He was in very feeble health, but recovered well after the amputation. *Case 2.* A man, aged 38, under the care of Mr. Hancock, in the Charing-Cross Hospital, for diseased knee-joint. He was hectic and much exhausted. A small portion of bone exfoliated during the healing of the stump, but with this exception the recovery was uninterrupted. *Case 3.* A man, aged 28, admitted, under the care of Mr. Hilton, into Guy's Hospital, with a compound fracture involving the knee. Primary amputation was performed, but the man sank on the third day. No *post-mortem* was permitted, but the man had passed blood by the urethra, and it was believed that he had sustained a rupture of the kidney. *Case 4.* A man, aged 25, under the care of Mr. Callaway, in Guy's Hospital. Ligature of the femoral artery had been performed on account of a diffused aneurism of the popliteal, and amputation had become necessary in consequence of gangrene of the leg. The man was extremely reduced. Death from exhaustion followed. *Case 5.* A man, aged 19, under the care of Mr. Stanley, in St. Bartholomew's Hospital, for diseased knee-joint. He was in very feeble health, but appeared to be doing well after the amputation until an attack of diarrhoea occurred, under which he sank. Death occurred on the seventh day. The diarrhoea was attributed to his having taken some oranges, of which, in order to escape detection, he had eaten rind and everything. *Case 6.* A man, aged 37, under the care of Mr. Stanley, in St. Bartholomew's Hospital, for diseased knee-

joint of eight months' duration, and following injury. Under treatment. *Case 7.* A man, aged 28, in much reduced health, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, for disorganized knee-joint following rheumatism. Recovered. *Case 8.* A boy, aged 6, under the care of Mr. Curling, in the London Hospital. He suffered from necrosis of the tibia, consequent on an injury, and the disease had extended into the knee-joint, involving the epiphysis. He was extremely feeble, having but just recovered from an attack of erysipelas. There had also been some symptoms of chest disease. The operation was one of absolute necessity. The boy did badly afterwards, and died of pneumonia towards the end of the second week. *Case 9.* A man, aged 32, who had for some months been under the care of Mr. M'Murdo, in St. Thomas's Hospital, on account of an ununited compound fracture of the leg. The ends of the bones had been sawn off on two occasions, but without benefit, and by an attack of cellular erysipelas consequent on the last, the man, originally of strong constitution, had been reduced to extreme debility. The operation was one of necessity, and it was much doubted whether he would live through it. His progress has been uninterruptedly good ever since, and the stump is now nearly healed. Chloroform was given. *Case 10.* A man, aged 45, under the care of Mr. South, in St. Thomas's Hospital, for diseased knee-joint. He was, at the time of the operation, in an exhausted, almost "typhoid" state, and died of exhaustion ten days afterwards. *Case 11.* A woman, aged 26, under the care of Mr. Caesar Hawkins, in St. George's Hospital, for diseased knee-joint. Death from pyæmia resulted on the eighteenth day. *Case 12.* A man, aged 18, under the care of Mr. Caesar Hawkins, in St. George's Hospital, on account of diseased knee-joint. Death from pyæmia on the eighteenth day. *Case 13.* A man, aged 32, stout, but of bad constitution, who had suffered from diseased knee for upwards of twenty years. On the day following the operation, a most troublesome hiccough was present, and it persisted afterwards in spite of all expedients. No adhesion occurred between the flaps, nor was there the slightest suppuration. Gangrene ultimately attacked the stump and extended up to the groin. The man died on the sixth day after the

operation. *Case 14.* A girl, aged 10, under the care of Mr. Hancock, in Charing-Cross Hospital, for diseased knee-joint. She was feeble and hectic. Recovered. *Case 15.* A girl, aged 16, in very feeble health, and suffering from suspicious chest symptoms. The knee-joint was disorganized from inflammation following an accident. Recovered. *Case 16.* A woman, aged 36, in feeble health. The amputation was done on account of diseased knee-joint, consequent on an accident. Recovered. *Case 17.* A man, aged 28, stout and florid, under the care of Mr. Cock, in Guy's Hospital, on account of malignant disease affecting the left knee. The disease had existed twenty months, and proved after removal to be medullary cancer springing from the lower extremity of the femur. Since the operation the man has not done well, the flaps have been rather sloughy, and he has been very feeble. Under treatment.

Of the Leg.—Case 18. A lad, aged 17, admitted with a severe compound fracture, under the care of Mr. Erichsen, into University College Hospital. Primary amputation was performed. Erysipelas subsequently occurred, but the lad is now doing well. *Case 19.* A youth, aged 19, previously in good health, admitted under the care of Mr. Critchett, into the London Hospital, having had his foot torn off at the ankle-joint by a rope. Primary amputation in the lower third of the leg was performed. Erysipelas and sloughing of the flaps followed, by which the ends of both bones have been exposed, and it is intended shortly to remove the projecting portions. The lad is now doing well.

Of the Foot.—Case 20. A woman, aged 24, under the care of Mr. Birkett, in Guy's Hospital, on account of disease of the tarsal bones. A previous operation had been performed for the removal of the diseased portions of bone. (See Report for November, "Excision of Bones and Joints," Case 1.) The disease had since extended, and Mr. Birkett now performed a Chopart's amputation, sawing off also the articular facets of the astragalus and os calcis, which were carious. The patient was in moderately good health at the time of the amputation, and has since done well. *Case 21.* A girl, aged 16, and previously of good health, was admitted under Mr. Wordworth's care, into the London Hospital, having sustained a severe crush of the foot. Primary ampu-

tation at the ankle-joint was performed, the malleoli being cut away with forceps, but the articular cartilage not interfered with. The stump has since done remarkably well. In addition to the crushed foot, the girl had sustained a most extensive laceration of the right side, the skin from the groin to the ribs having been completely torn away. The wound is looking well. *Case 22.* A man, aged 32, under the care of Mr. Ure, in St. Mary's Hospital, on account of diseased ankle-joint. He was feeble, and much out of health. A modified amputation at the joint was performed. Under treatment. *Case 23.* A woman, aged 44, under the care of Mr. Hancock, in Charing-Cross Hospital, on account of diseased tarsus. She was in fair general health. Chopart's amputation was performed, and she has recovered with a good stump.

Of the Upper Extremity.—Case 24. A steady and temperate cabman, aged 55, was admitted, under the care of Mr. Hilton, into Guy's Hospital, having sustained an injury to the elbow. The joint was not thought to have been opened, but erysipelatos inflammation subsequently occurred, and the joint became involved, and was quite disorganized. He sank into a very low state, and it became necessary to amputate the arm. The operation was performed three weeks after the accident, and death from exhaustion followed on the fourth day. *Case 25.* A woman, aged 28, in moderate health, under the care of Mr. Birkett, in Guy's Hospital, for diseased wrist and carpus. Amputation through the forearm. Some slight sloughing of the flaps followed, but the stump has since healed by granulation. Recovered. *Case 26.* A man, aged 27, admitted, under Mr. Birkett's care, into Guy's Hospital, having had his left arm torn off by machinery. The humerus projected, and, having been further exposed and sawn through in its upper third, the torn integuments were then brought together and the stump dressed. A little sloughing followed. Doing well. *Case 27.* A man, aged 27, in fair health, under the care of Mr. Erichsen, in University College Hospital, for diseased carpus. Amputation through the forearm. Recovered. *Case 28.* A boy, aged 15, was admitted, under Mr. Stanley's care, into St. Bartholomew's Hospital, having had his forearm and elbow crushed between the rollers of a printing-machine. Primary

amputation through the upper arm was performed. Recovered. *Case 29.* A man, aged 50, of intemperate habits, was admitted, in a state of intoxication, into the London Hospital, under the care of Mr. Wordsworth. He was so uncontrollable, that, in spite of his condition, it was necessary to give chloroform previous to the operation. He had sustained a compound fracture of one arm and a fracture of one thigh, as well as severe contusions. Amputation through the upper arm was performed. He has since had a severe attack of delirium tremens, but is now recovering. *Case 30.* A lad, aged 15, admitted, under the care of Mr. Wordsworth, into the London Hospital, with a crushed hand. Primary amputation through the forearm was performed. Recovered. *Case 31.* A man, aged 31, admitted into St. Mary's Hospital, under the care of Mr. Ure, having had one hand very severely injured by a chaff-cutting machine. Primary amputation at the wrist-joint was performed. Recovered.

Ligature of Arteries.—Mr. Critchett's case of ligature of the carotid for aneurism by anastomosis in the orbit remains under care. There has been a slight attack of hemorrhage from the seat of disease. (*Case 1* of last Report.)

Case 1. By Mr. Callaway, in Guy's Hospital, ligature of the femoral artery on account of a diffused aneurism of the popliteal, which had been punctured prior to the man's admission. The ligature came away on the fourteenth day, but gangrene of the limb rendered amputation through the thigh subsequently necessary. The man died after the latter operation. (See "Amputations," *Case 4.*)

Excision of Bones and Joints.—In *Case 1* of last month's report amputation has since been necessary. In *Case 4*, the patient has left the Hospital at his own wish; healing is not complete, and a fragment of bone will probably yet have to exfoliate. The other cases remain under treatment.

Case 1. Excision of the knee-joint, by Mr. Fergusson, in King's College Hospital. A boy, 3½ years old, had suffered from diseased knee-joint for eighteen months, and had two open fistulae, one in front over the head of the tibia, the other in the popliteal space. Mr. Fergusson laid open the joint from before, cut away the condyles of the femur, and about three-quarters of an inch

of the head of the tibia. The patella was left. An abscess was found in the cancellous structure of the head of the tibia. The limb has since been confined in a Mackintyre's splint with sides. The boy is thus far (three weeks after the operation) doing well. *Case 2.* A sailor, aged 32, the subject of constitutional syphilis, was admitted into Charing-Cross Hospital, under the care of Mr. Hancock, suffering from carious disease of the left half of the body of the lower jaw. The disease was so extensive, that excision was necessary. Mr. Hancock cut the bone through with forceps, near the angle posteriorly, and near the symphysis in front, the intervening portion being entirely removed. The man recovered well.

Removal of Necrosed Bone.—*Case 1.* A girl, aged 18, under the care of Mr. Curling, in the London Hospital. The whole of the second metatarsal bone of the left foot was removed. It was quite loose, and enclosed in a shell of new bone. Recovered. *Case 2.* A man, aged 32, under the care of Mr. M'Murdo, in St. Thomas's Hospital, having suffered from necrosis of the tibia for ten years. Some large fragments of bone were removed, and the wound is now granulating healthily. *Case 3.* A man, aged 22, in a state of extreme exhaustion from old disease of the hip-joint. The femur was dislocated into the dorsum illi, and the great trochanter nearly protruded through the skin. It was hoped that there might be some necrosed bone, and with this view a free incision was made over the seat of disease. No loose bone was found, and the operation consequently consisted in exploration only. Very little blood was lost on the operating-table, but subsequently there was a slight hemorrhage, from the effects of which the patient sank. Death took place on the seventh day. No post-mortem was permitted. *Case 4.* A middle-aged woman, under the care of Mr. Coulson, in St. Mary's Hospital, for necrosis of tibia. A portion of dead bone was removed. Under treatment.

Case 5. A man, aged 34, under the care of Mr. Stanley, in St. Bartholomew's Hospital. Several small portions of dead bone were removed from isolated cavities in the tibia. The cavities were lined by smooth villous membranes. The man was of strumous constitution, and had had syphilis. The wounds are now quite healed. *Case 6.* A boy, aged 14, under the care of Mr. Paget, in St. Bartholomew's Hospital, with

necrosis of the tibia. A large portion of bone removed. Doing well.

Removal of Malignant Tumours.—The case left under care by last month's Report has recovered (*Case 2*).

Number of cases, 10; recovered, 6; under treatment, 2; died, 2.

Case 1. A woman, aged 40, under the care of Mr. Birkett, in Guy's Hospital, on account of a large ulcerated growth of mammary cancer from the left breast. The disease was of twelve years' duration, and had been ulcerated several weeks; in the axilla was a secondary growth. The operation of excision of the mammary growth was performed in order to mitigate the patient's intense sufferings. The wound healed most favourably. *Case 2.* A woman, aged 56, under the care of Mr. Lane, in St. Mary's Hospital, on account of scirrhous of the breast. The gland was excised. Doing well. *Case 3.* A woman, aged 80, under the care of Mr. Stanley, in St. Bartholomew's Hospital, on account of a melanotic growth, partly pendulous, springing from the lobule of the left ear. It had proceeded from a mole which had been accidentally scratched, and had been of six months' growth. It was superficially ulcerated, and bled on the slightest handling. Mr. Stanley removed with it a portion of the ear to which it was attached. There was no gland disease. Recovered. *Case 4.* A chimney-sweep, of middle age, under the care of Mr. Stanley, in St. Bartholomew's Hospital, on account of epithelial cancer of the scrotum. The disease was of nine months' duration. Excision was performed. Recovered. *Case 5.* A married woman, aged 34, under the care of Mr. Spencer Wells, in the Samaritan Hospital. The right breast was excised on account of a malignant growth. The wound healed by the first intention, and the woman was discharged in a fortnight. Professor Quekett examined the structure of the growth, and described it as an epithelial cancer. The epithelial-cancer cells were believed to have formed in the tubes, which had given way and the whole gland had become infiltrated with them. *Case 6.* A man, aged 44, under the care of Mr. Cock, in Guy's Hospital, on account of a tumour over the parotid region. It had been noticed five years before, and had gradually increased, being now of the size of a chestnut, but flattened. A partial excision had been performed before his ad-

mission. Mr. Cock found the growth somewhat diffused and adherent closely to the surrounding tissue. It appeared to be of scirrhous nature. The wound healed well, with the exception of a small parotid fistula, which still remains.—See "Amputations," "Excision of the Testis," and "Removal of the Eyeball."

Excision of the Testis.—*Case 1.* A tolerably healthy-looking man, aged 43, under the care of Mr. Partridge, in the King's College Hospital. His right testis had been gradually enlarging for three years, and was the size of a closed fist, firm, and heavy. There was no cachexia, and the cord was not thickened. He complained only of a dull, dragging pain in the loins, and occasionally along the cord. Mr. Partridge extirpated the gland, which was afterwards found to consist of a mass of disease, in which traces either of tubules or of the epididymis could scarcely be found. Under the microscope vast quantities of cells, some of them being compound, were seen interspersed with a few fine fibres. The patient did well for the first week after the operation, when the wound was attacked by erysipelas, which, however, under a stimulant treatment, passed off in about four days. He was subsequently extremely troubled with flatulence, which also, to some extent, had been the case prior to the operation. The belly, however, became tympanitic, and his features assumed a sunken appearance. Death from exhaustion occurred on the eleventh day. At the autopsy, a mass of malignant disease, the size of an adult liver, was found in the lumbar region. It extended upwards as high as the pancreas, and downwards as low as the division of the aorta, while laterally it was in contact with both kidneys, those organs being, however, not involved. The chief mass of the tumour was firm and hard, but on each side were portions of a soft and almost gelatinous structure. The tumour having been dissected, the aorta was found to pass almost through its centre, and was contracted, just above its division, to about one-third of its calibre. The ascending vena cava was pushed away to a considerable distance from the artery, and just below the renal veins was so much contracted as to be almost obliterated. (There had been no oedema of the lower extremities during life.) The ureters were natural in size though they passed through the tumour. *Case 2.*

A man of middle age, under the care of Mr. Cutler, in St. George's Hospital. The testis was excised on account of encephaloid disease. Death occurred on the seventh day. The autopsy showed evidences of peritonitis, and also of encephaloid disease of the lumbar glands.

Removal of the Eyeball.—In September last, Mr. Cock performed an operation in Guy's Hospital for the removal of a tumour which extended deeply into the upper half of the orbit of a healthy-looking boy, aged 10. (See report in this Journal for January, 1855, page 6.) The tumour had then been growing for ten months, and had previously been subjected to an incomplete excision by a surgeon in the country. Mr. Cock found it quite circumscribed, and enclosed in a cellular capsule, and he believed that he had succeeded in removing the whole of it. The wound healed well, the eyeball sank back into its proper place, from which it had been protruded, and the lad was discharged, having perfect use of the organ. He remained well for nearly three months, when the tumour again began to grow, and in the course of a fortnight increased to five times its former bulk, protruding and disorganizing the eyeball by its pressure. In this condition the boy was re-admitted under Mr. Cock's care in December. Removal of the entire contents of the orbit was performed. The tumour was again found to be a circumscribed growth, and had no attachments to bone. It had, however, distended the upper lid, and adhered somewhat to the eyebrows. The boy has done remarkably well since the operation. The orbit has filled with granulations, and is covered by the upper lid. He is to be discharged in the course of a day or two. There is still some doubt as to whether the tumour should be deemed really cancerous, or only recurrent.

Removal of Non-Malignant Growths.—

Case 1. A woman, aged 27, under the care of Mr. Cock, in Guy's Hospital, for an encysted tumour the size of a walnut over the bridge of the nose. It was believed to have been of congenital origin. It was excised, and the wound soon healed. **Case 2.** A boy, aged 12, under the care of Mr. Simon, in St. Thomas's Hospital, for an exostosis the size of a small egg growing from the upper and inner part of the humerus. It was removed. Recovered. **Cases 3 and 4.** Removal of nasal polypi from patients at the

Samaritan Hospital, under the care of Mr. Spencer Wells. In the first case, a common gelatinous polypus was extracted in the usual way from each nostril. In the second, Mr. Wells separated the growth from its attachments by passing his finger by the mouth into the posterior nares. The passages were completely freed in both cases.

Case 5. A woman, aged 33, under the care of Mr. Coulson, in St. Mary's Hospital, had small mammary glandular tumours removed from each breast. Recovered. **Case 6.** A woman, aged 20, under the care of Mr. Hancock, in the Charing-Cross Hospital, on account of an exostosis the size of a large pigeon's egg, springing from a little above the inner condyle of the femur.

Tracheotomy.—A boy, aged 10, was admitted, under Dr. Todd's care, into King's College Hospital, having suffered from sore throat for about a week. He had great difficulty of breathing at the time of admission. There was no œdema of the epiglottis, nor any abnormal appearance in the pharynx or upper aperture of larynx. The cough was croupy, and the breathing stridulous. The dyspnoea, urgent from the first, became more and more so every hour, and twenty-four hours after admission became so extreme as to threaten immediate suffocation. Under these circumstances, Mr. Atkinson, the House-Surgeon, performed tracheotomy. Great relief was instantly given, but it was only temporary, and death occurred five hours later. At the *post-mortem*, a continuous coating of false membrane was found lining the trachea and bronchi, extending even into the smallest ramifications of the latter.

Operations for Urethral Stricture.—**Case**

1. A man, aged 46, the subject of stricture for years, was admitted into King's College Hospital, under the care of Mr. Lee, suffering from retention of urine. No instrument could be passed, but under the use of the warm bath, opium, etc., he was relieved. A week later, while yet in the House, and no instrument having been passed, retention again occurred, and did not, as before, yield to treatment. Under very urgent circumstances, Mr. Lee performed perineal section without a guide, and succeeded in dividing the stricture. A No. 9 catheter was introduced and retained. Hitherto (three weeks) the man has done well, and the result promises to be successful.

Puncture of the Bladder.—**Case 1.** A

man, aged 46, in much enfeebled health and of dissipated habits, was admitted into the London Hospital, under the care of Mr. Wordsworth, suffering from retention of urine. He had had stricture for upwards of fourteen years. All attempts at catheterism failed, and the warm-bath, opium, castor-oil, etc., gave no relief. On the following day he was evidently suffering from uræmic poisoning, and Mr. Wordsworth determined to puncture the bladder by the rectum. About sixty-five ounces of urine were drawn off. On the fifth day afterwards the canula was removed, but for near a fortnight subsequently the urine continued to escape into the rectum. Meanwhile, an abscess had formed in the perineum, and after being opened urine escaped by the wound. The man's strength has been supported by the very free use of stimulants, etc., and he is now doing very well. The wound in the bladder is quite closed, only a small fistula remains in the perineum, and a No. 8 catheter can be passed with ease by the urethra.

Operation for the Cure of Ununited Fracture.—A case in which ivory pegs have been introduced into the ends of the bone to secure union in a case of ununited fracture, is under the care of Mr. Erichsen, in the University College Hospital. We shall publish its full particulars at some future time.

Plastic Operations.—The cases of rhinoplasty previously reported may be considered well. The patients have been discharged.

For Protrusion of the Testis.—A man, aged 59, under the care of Mr. Simon, in St. Thomas's Hospital, on account of protrusion of the testis through an ulcerated opening in the scrotum. The edges of the ulcer were freely pared, and, having been dissected up from the sides of the gland, were united together by sutures over the latter. No union occurred, and the testis was again exposed in the course of a short time. By careful strapping, however, a good cure ultimately ensued, and the man has just left the hospital with a sound scar.

For Cleft Palate.—A girl, aged 18, under the care of Mr. Fergusson, in King's College Hospital. The entire soft palate and uvula were cleft, and the fissure extended an inch forwards into the hard palate. Mr. Fergusson performed the usual operation, and united the soft palate, not attempting to close the aperture in the hard part. Ex-

cepting that the uvula remained bifid, the operation was quite successful.

For Hare-lip.—In a case of single hare-lip, in an infant ten weeks old, under the care of Mr. Hancock, in Charing-Cross Hospital. Successful.

Operations for the Cure of Nevus.—In Mr. Cock's case (*Case 4* of last Report), in which the perchloride of iron had been injected into a large nevus in the face of an infant, death has since ensued. The infant had diarrhœa, and, although the local condition was improving, it sank from exhaustion in the fourth week.

Case 1. A boy, aged 12, under the care of Mr. Birkett, in Guy's Hospital, on account of a nevus in the tissues of the chin, which had slowly increased in size since the age of two years. It felt remarkably solid, and had a dead, black hue. Mr. Birkett excised the whole, and the wound quickly healed. *Case 2.* A child, under the care of Mr. Athol Johnson, in the Hospital for Sick Children, had a subcutaneous nevus, the size of a marble, on the end of the nose. Two injections of the perchloride of iron were practised. No suppuration followed either, and a firm, hard lump was all that remained when the child left the Hospital. *Cases 3, 4, and 5* were treated by ligature in the Charing-Cross Hospital, under the care of Mr. Hancock, and were all successful.

Paracentesis of the Chest.—The case previously mentioned under Dr. Birkett's care at the City of London Hospital for Diseases of the Chest, has since ended fatally. (See Reports for October and November.) Pneumothorax had supervened on the operation, and the child sank under the hectic induced by the profuse suppuration.

Injection of an Ovarian Cyst with Iodine.—In the case of a woman, aged 35, under the care of Mr. Baker Brown, in St. Mary's Hospital, the injection of an ovarian cyst after evacuation by puncture was practised. The tincture of iodine of the Edinburgh Pharmacopœia was used. Very little pain was induced either during or after the operation. Evidences of iodine were detected soon after the injection, both in the urine and the sputa. The cyst is refilling.

Excision of Portion of Nerve Trunk.—A man, aged 47, has been for some time under the care of Mr. Hilton, in Guy's Hospital, on account of a painful stump after

amputation at the wrist-joint. Much relief had for a time been afforded by the use of an aconitine ointment, but as the pain always returned when the remedy was intermitted, the result was not satisfactory. The pain was not limited to any particular spot, but, as it chiefly affected the parts to which the ulnar nerve is distributed, Mr. Hilton determined to excise a portion of its trunk. This was done a little below the internal condyle, about an inch being removed. The wound healed well, and in a week or two the man had complete relief; more latterly, however, there has been pain in other parts of the stump. Under treatment.

Operation for Bursal Tumour in the Palm.—A girl, aged 18, is under Mr. Hilton's care in Guy's Hospital, on account of effusion into the theca, passing under the anterior annular ligament of the wrist-joint. The swelling presented both above and below that ligament, and the presence of small loose bodies could be easily detected. Mr. Hilton made an incision into the swelling above the wrist, squeezed out its contents, and removed a large number of melon-seed-like bodies. No division of the palmar ligament was practised. The case has done remarkably well, and healing is almost complete, without any undue inflammation having occurred.—*Med. Times and Gaz.*, January 27, 1855.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

American Medical Association.—Our great National Medical Congress will hold its eighth annual meeting in Philadelphia, on Tuesday, May 1; the session will open at 11 o'clock A. M. We trust that the assemblage will be a very large one, and that every portion of the Union will be represented. The profession, in this city, will feel it a duty and pleasure to do everything in their power to render the visit an agreeable one to their guests, while they will be gratified at having the opportunity afforded them of reciprocating the many liberal hospitalities extended to them by their brethren in the different cities in which the Association has hitherto assembled.

The Committee of Arrangements are en-

gaged in making preparations for the meeting.

The Musical Fund Hall, in Locust St. between Eighth and Ninth Streets, has been engaged for the use of the Association.

To avoid the delays usually experienced in registering the delegates, a printed form will be furnished to each delegate, the appropriate blanks in which he is requested to fill up with his name, that of the institution which he represents, and his residence, designating the City, County, and State.

The Committee of Arrangements will attend at the Hall of the College of Physicians, in Spruce St., between Eighth and Ninth Streets, on Saturday, April 28, and during the day and evening of Monday, April 30, and at the Musical Fund Hall, on Tuesday morning, May 1, to receive and verify credentials and register the delegates.

Delegates are earnestly requested to register themselves at the earliest opportunity; and all institutions which have appointed delegates should transmit to the Secretary of the Association, Dr. F. West, Philadelphia, an official notification thereof without delay.

Negotiations are in progress with the different railroad companies, and with a prospect of success, by which delegates, on exhibiting their credentials, will, both on their journey to Philadelphia and on their return home, be conveyed at half the regular fare.

University of Pennsylvania.—Professors JACKSON and HODGE have been appointed Delegates to represent the Medical Faculty of this School, at the next meeting of the American Medical Association.

Pennsylvania Hospital.—Drs. G. W. Norris and Wm. Pepper have been elected delegates to represent this hospital at the next meeting of the American Medical Association.

Medical Society of the State of Pennsylvania.—The annual session of the Society will be held in Hollidaysburg, on the last Wednesday (30th) of May, at 10 o'clock in the forenoon.

The Secretaries of the several County Societies will please forward the lists of delegates to either of the Secretaries.

D. FRANCIS CONDIE, Phila.

HENRY CARPENTER, Lanc.

Secretaries.

Peculiar Effects of Chloroform.—Dr. E. H. CLARKE mentioned to the Boston Society for Medical Observation the case of a girl, 20 years old, who inhaled chloroform for the purpose of having a tooth extracted. She recovered apparently from its influence, and walked home, the distance of a quarter of a mile. Her conversation was, however, incoherent, and her gait unsteady. Soon after reaching home she became paralyzed, losing both sensation and the power of motion. The skin was cold and pale; respiration *saccadic* and the pulse feeble; no rigidity of the muscles. She came out of this state, and then became furiously insane, together with which were constipation and deficient secretion of urine. This condition of things lasted from a week to ten days, and then her usual health returned.—*Boston Med. and Surg. Journal*, March 1, 1855.

Clay-coloured Feces without deficiency in the Biliary Secretions.—Dr. ELLIS has met with an instance where the discharges from the bowels were clay-coloured for some time previous to death, and at the autopsy the feces in the upper part of the intestine were yellow, and in the lower part white, showing that the secretions of the intestine are as necessary to give the natural fecal colour as the bile itself. Dr. E. remarked upon the importance of this fact, as in such cases it is the liver that is always blamed, when very possibly it may be the intestines that are at fault.—*Ibid.*

Mineral Acids in Nausea and Vomiting during pregnancy.—A writer in the *Peninsular Journal of Medicine* states, that he has successfully used the mineral acids for the relief of obstinate cases of vomiting during pregnancy. Some cases in which he administered dilute sulphuric acid are noticed, but the dose and method of administration are not stated.

Medical Graduates in 1855.—

Starling Medical College . . .	19
Yale College . . .	10
Medical College of South Carolina . . .	77
Rush Medical College . . .	41
Castleton Medical College . . .	19
New York Medical College . . .	32
University of Pennsylvania . . .	178
Jefferson Medical College . . .	257

Women's Hospital.—A hospital for the special treatment of diseases to which females are liable, has been, very recently, established in New York. The following gentlemen compose the Medical Board:—J. MARION SIMS, M. D., *Attending Surgeon.*

ALEX. H. STEVENS, M. D., and VALENTINE MOTT, M. D., *Consulting Surgeons.*

EDW. DELAFIELD, M. D., and JOHN W. FRANCIS, M. D., *Consulting Physicians.*

The Western Lancet.—Prof. L. M. LAWSON, having removed to Louisville, has retired from the editorship of this Journal, and is succeeded by Dr. T. Wood. Dr. Lawson, during his whole course of editorship, has always manifested the most catholic spirit, exposing and denouncing quackery in all its forms, and strenuously upholding the honour and dignity of scientific medicine. We regret to lose so able and zealous a condutor, and wish his successor, whom we have no doubt will pursue the same course, success in his labours.

Eye Instruments.—We have been shown by Mr. D. W. KOLBE, of No. 45, S. Eighth Street, who was brought up in the establishment of M. Luer, of Paris, a set of eye instruments, both the form and finish of which were excellent. The canula scissors and canula forceps were even more delicate than those shown us last year by M. Luer.

FOREIGN INTELLIGENCE.

Cod-Liver Oil with Quinia.—Mr. BASTICK gave to the Medical Society of London (Jan. 27, 1855), the following account of his mode of preparing the above medicine:—

The oleum morrhua cum quina is simply a perfect solution of quinine in cod-liver oil. The quantity of quinine may be varied according to the wish of the prescriber, although it is generally employed in the proportion of two grains to each ounce of the oil. This preparation is best made in the following manner: The requisite quantity of disulphate of quinine is dissolved in distilled water, with the aid of a little dilute sulphuric acid. The quinine is precipitated from this solution by means of an alkaline carbonate; the precipitate is treated with boiling alcohol; the resulting alcoholic

solution, after being filtered, is evaporated to dryness. The residue, which is pure quinine, is then added to the cod-liver oil, and the mixture is heated in a water-bath until solution is completely effected, which is known by the oil becoming perfectly transparent.—*Lancet*, February 3, 1855.

Tourniquets and other Means of Preventing Arterial Bleeding.—It may not be uninteresting to some of our readers to be informed as to the plans in general use in the London operating theatres for preventing hemorrhage. First we may remark, that, in deciding whether to employ manual or instrumental pressure, the surgeon is generally guided by the degree of confidence which can be reposed in his assistants. This was, we believe, Liston's rule in the later part of his life, in which he began to use the tourniquet much more frequently than before. Unless, indeed, the assistant can be relied on most implicitly, instrumental security should never be neglected. There are circumstances, however, in which, as in amputation high up in the thigh, a tourniquet cannot be used. In the only case of removal of the thigh at the hip-joint which has occurred in London during the last two years (Mr. Adams'), the compression of the vessel was maintained by placing a roll of moistened bandage across its course over the brim of the pelvis, on which the assistant's hand was kept. The expedient is one recommended by Guthrie; it answered most admirably, and is well worthy of adoption under all similar circumstances. The advantages of a pad over the thumbs only are manifest; it lays lengthwise across the artery, and the latter is thus prevented rolling from under it. It affords a support to the hand of the assistant, and prevents the fatigue which thumb-pressure, long continued, always causes; it also permits of change of hands, or even of change of assistants, without risk. By making the bandage wet, it adheres somewhat to the skin, and does not slip; it may, if thought necessary, be yet further fixed in place by a broad strip of plaster.

For amputations in the lower part of the thigh we generally see the common circular tourniquet employed. Mr. Skey's ingenious instrument is avoided on account of its supposed liability to slip. Many surgeons place a roll of bandage beneath the pad of the tourniquet, in order to increase its size,

which in most instruments is far too small for the femoral artery. Mr. Haynes Walton has had a tourniquet made for this special purpose, with a pad of three times the ordinary dimensions, which answers very well, and avoids the risk of slipping incurred by placing one pad over another. At the London Hospital, an old-fashioned instrument is still used, which consists merely in a belt of webbing, which surrounds the limb, and then passes by its two ends through slots in a piece of thick sole-leather, and is drawn tight by twisting a little wooden handle over which it is tied. Having no screw, it requires, of course, to be held throughout the operation by an assistant. Its sole advantage appears to be its extreme simplicity and cheapness. The whole might be made extempore at the cost of a few pence.

In the treatment of secondary hemorrhages, the instruments usually employed are either Signoroni's or Mr. Skey's, most commonly the former. Both, but especially the former (which is an invaluable piece of apparatus), have the advantage over the circular ones, of not compressing the limb generally.—*Med. Times and Gaz.*, March 3, 1855.

Trades which Affect the Eyes.—The Committee of the Society of Arts, "On Industrial Pathology on Trades which Affect the Eyes," composed of Dr. T. K. CHAMBERS, Mr. JOHN SIMON, and Mr. J. TWINING, JR., have issued an elaborate Report, of which the following is a concise *resumé*:—

"1. That the following classes of artisans are exposed to injury of the eyes from chips, splinters, dust, grit, or fluff—viz: Engineers, masons, stonecutters, stonebreakers, bricklayers, soda-water bottlers, turners, fitters, hammermen and smiths, cutlers, railway guards, rock blasters and quarrymen, millers, chimney-sweepers, workers in cotton, flax dressers, feather cleaners, drug grinders (especially in grinding blistering flies), shoemakers (from breaking of the awl); and that the following appliances have been found useful in preventing the ill consequences of such exposure, viz: for those liable to blows from large portions of hard substances, such as stonebreakers, etc., coarse metal netting as eye guards, and for those exposed to the finer dust, crape spectacles, while at the same time free ventilation of the apartments

they work in, would relieve much of the inconvenience.

"2. That the following suffer from the chemical nature of the substances which, in the shape of solid particles, get under the eyelids, viz: bricklayers, workers in lime, workers in potash. No special preventive seems to be here pointed out beyond the placing within reach of the workmen the ready means of immediately cleansing the parts with pure water. Some such apparatus as that described in Mr. White Cooper's communication might be placed in the workshop or superintendent's office. (The action of chemical fumes, strictly so called, has not been reported to cause injury.)

"3. The following suffer from excess of light or glare proceeding from the material used, viz: furnace-men, gilders, bookbinders. No practical remedy for this inconvenience has been suggested, as spectacles which intercept the light would diminish the efficiency of the workman. It may be observed that there is a great difference between excessive illumination of the work and excess of light on the eye. The latter is the most common, and is considered under a separate head.

"4. That the following suffer from deficiency of light, viz: dressmakers, tailors, seamstresses, cobblers, and, in fact, all who, having to direct the needle to a definite spot, are unable to command the requisite amount of direct illumination.

"5. That the ill effects of deficiency of light are much aggravated by working long on the same material or colour. The remedy for this and the foregoing evil, are increase of light and variety of work.

"6. That flickering of light is a great evil, which is felt much by compositors, and all who work at minute objects by gas illumination. The simple remedy for this is the employment of glass chimneys. (Or fish-tail burners—glass chimneys giving out too much heat.—Ed.)

"7. It seems improper that an equal quantity of artificial light should fall on the work and on the eyes of the workman. If that is the case the latter become overstrained. This evil, when it occurs, is easily obviated by shades to the light, which defend the eye, and throw the illumination on the required object. The shades should be made of white or light-coloured material, so as to reflect as much light as possible. Ground glass between the light and the

worker is injurious, by intercepting and diffusing the illumination instead of directing it on to the object.

"8. It seems doubtful whether heat and cold have much ill influences over the healthy eye; but when it is in a weak, irritated condition, there is no doubt but that they are injurious.

"9. Bad ventilation, constrained postures, over indulgence in spirituous liquors, the fumes of tobacco, and all other violations of healthy habits, are injurious to the eyes at the same time as to the rest of the body, and aggravate the bad effects of the above-named industrial occupations.

"10. The employment of the eye when the body is in an exhausted state from want of food, prolonged working-hours, mental distress, etc., even in handicrafts not of themselves pernicious, is very detrimental to the organ. So that the later periods of work are those which are found most materially to weaken the sight and injure the eye.

The shortening of working-hours would probably be a saving in the end to both master and artisan; for the faulty execution of that which is completed with an imperfect organ must be a loss to the former, while the latter is ill remunerated by slightly increased wages for the risk of illness which he runs.

"11. The diffusion of knowledge bearing on the health of artisans by means of class journals, is worthy of the serious consideration of the philanthropist."

Experiments with Chloroform.—A series of experiments with chloroform, one hundred and fifty in number, have been recently tried in Paris on the lower animals, which promise some valuable results. The chief animals were birds, reptiles, dogs, and rabbits. The birds were easiest affected, and fell long before lizards or snakes into a state of sleep, mammiferous animals occupying an intermediate position as to time; the relation being very marked in all animals according to the force or development of the respiratory and circulating systems. The irritant action of chloroform was very marked in snakes, their forked tongues being thrust out, though apparently torpid previously. Birds, on the other hand, fell asleep immediately. "The slowness of etherization," the Society d'Emulation reporters think, is in proportion to the previous stage of excitement. The posterior

extremities in all animals are first insensible. This is constant, even in reptiles and birds. The eyelids are the parts last affected. Fresh chloroform added to the instrument, when the animals were on the point of falling into anæsthesia, woke them up again, by what was thought a reflex action transmitted from the air-passages. The heart was found beating in some animals after death from chloroform.—*Lancet*, March 17, 1855.

Temperature of the Winter in England in 1855.—The late frost has been the most continued and severe which has occurred in England since the year 1814. The state of the thermometer during the winter of that year, from a register kept by a medical gentleman at Richmond, shows that there were only two days' difference in the duration of these two remarkable frosts. In consequence of the late severe weather setting in nearly three weeks later than in 1814, its mean temperature has been more than 2° higher. From the 4th to the 18th of January, 1814, the cold must have been dreadfully severe, as the temperature never rose so high as the freezing-point, day or night. It does not appear, however, there were such intense frosts as occurred on the mornings of February 11 and 19, 1855, when the lowest readings of the thermometer were 9° and 12° respectively, but 7° and 8° at the Royal Observatory, Greenwich.—*Med. Times and Gaz.*, March 3, 1855.

Effects of the Extreme Cold on Life.—The season of extreme cold has now, we may hope, passed over; and its effects have been seen in the Tables of the last six weeks, when the deaths of 9,408 persons have been registered. These deaths exceed the average by 1,968; which appear under various diseases, and were the indirect results of the low temperature. The temperature of the six weeks was 28°40 on an average, and the deaths were nearly 100 weekly to every degree of depression below the freezing point of water. But the cold affected persons very differently, according to their age; for in the five weeks that ended on Feb. 17, at the first age of manhood (20 to 40) the cold did not destroy 2 in 10,000; at the age of 60 to 80 it was fatal to 38 in 10,000. If the average deaths at each of the five ages are subtracted from the deaths in the five

weeks of cold weather, the numbers that are left representing the deaths by cold are 367 children and youths under 20; 159 young men and women of 20—40; 290 middle-aged persons of 40—60; 561 of 60—80; and 173 of 80 and upwards. Upon dividing these numbers by the persons living of the corresponding ages, we find that the mortality by cold in the 100,000 was at the rate of 35 under the age of 20, and 18, 64, 382, and 1749 at the four subsequent ages. The above numbers show that the power of cold on life varies according to definite laws; thus the mortality by cold is (35) twice as great under the age of 20 as the mortality (18) at 20—40; but, after that turning point, the power of resisting cold decreases every year, and men of 90 and men of 30 have suffered from the cold that we have experienced in the proportion of 100 to 1 (or of 1749 to 17·5). The general result is, that the danger after 30 of dying of cold is doubled every nine years of age; for out of the same numbers living, to 1 death by cold at the age of 30, there are 2 at 39; 4 at the age of 48; 8 at the age of 57; 16 at the age of 66; 32 at the age of 75; and 64 at the age of 84. This series at least expresses very nearly the relative mortality by cold at the respective ages during five weeks among two and a-half millions of people.—*Med. Times and Gaz.*, March 3, 1855.

Imperforate Hymen—Subsequent Pregnancy.—Mr. I. B. Brown alluded, at a meeting of the Medical Society of London (February 24, 1855), to the case of a married lady, suffering from imperforate hymen, and thereby prevented from the consummation of marriage, which he brought before the Society in March of last year, and which he subsequently published in his work, *On Some Diseases of Women, &c.* Mr. Brown's object in now again bringing this case before the Society was to record the fact of this lady's pregnancy and safe delivery in less than ten months from the date of the operation. In doing so, Mr. Brown observed that this happy result was the best refutation of the objections raised by some distinguished Fellows of the Society to his mode of operating; for it was evident that no contraction of the vaginal orifice took place after the complete removal of the thickened hymen, yet it was confidently affirmed that such must be the case.

Mr. Brown still, therefore, urged his mode of removing these obstructions in preference to the old one of making crucial or stellated incisions.—*Lancet*, March 17, 1855.

Of what Disease did the Czar of Russia die?—The editor of the *Lancet*, in his number for March 17 last, has indulged in some speculations on this subject, but he has left the enigma entirely unsolved.

"Reports," he remarks, "from the palace tell the world that he died of inflammation of the lungs, of apoplexy of the lungs, of atrophy of the lungs! But we defy the pathologist most skilled in the progress and termination of disease to extract out of palace reports or medical (?) bulletins any consistent or intelligible history of the malady which has destroyed the Czar."

After quoting the newspaper statements and the official bulletin from his medical (?) attendants, the writer in the *Lancet* observes:—

"We are told by his three physicians that the Emperor had at first only the influenza, but that since the 22d of February, 'fever manifested itself, with slight attacks of gout.' On the 28th of February, there was 'pain in the right lung, and the fever was much greater;' on the 1st of March, he is simply 'unwell,' the fever has 'somewhat diminished, and expectoration takes place without difficulty.' No hint of danger yet; and then, at eleven at night of the same day, 'fever had increased, and expectoration from the affected part of the right lung had become more difficult.' And then, early next morning, he was dead.

"Did he die of inflammation and apoplexy of the lungs? If he did, we take upon ourselves to say that the course of the pneumonia was unusually rapid, and marked by circumstances inexplicable by the known laws of those affections. Dating the onset of the inflammation from the 28th February, when pain in the right lung was observed, to the fatal conclusion on the morning of the 2d March, it lasted but forty-eight hours at the utmost. Or shall we surmise that the physicians had overlooked the earlier accession of one of the most severe of diseases? But, on the 1st March, the second day of the supposed pneumonia, the fever had diminished and the expectoration was easier, and yet the pneumonia, if pneumonia there were, must have been progressing. These statements are utterly irreconcilable. With a pneumonia rapidly advancing

ing to a fatal end, a pneumonia of only forty-eight hours' duration, the fever does not abate, and the expectoration does not become easier on the second day. In the early stages of inflammation of the lungs, the expectoration is always difficult and remarkably viscid. To reason medically, concerning a disease which has a remarkably definite course, it is then probable that on the second day of this rapid and suspicious illness there was no pneumonia at all. But then it is said that, at a period which we must presume to have been about twelve hours before death, 'atrophy of the lungs was feared;' and, some hours later, Dr. Mandt communicated to the Emperor 'that atrophy was possible.' Now, what particular idea the public may entertain of atrophy of the lungs, we know not; but every medical tyro knows that atrophy is a chronic change of almost imperceptible advances, and that it forms no part of the progress of an acute pneumonia. If we are not at liberty to accuse the physicians of the Emperor of the grossest ignorance, we must conclude that the word 'atrophy' is altogether a mistake, taken up by unprofessional persons. Was it apoplexy, then, that destroyed the Czar? Apoplexy and inflammation of the lungs are not absolutely incompatible. But there is something reported which is absolutely incompatible with either or both of these conditions as related in this incomprehensible history. Apoplexy and inflammation of the lungs preclude the idea of the Emperor, in his last moments, blessing his wife, children, and grandchildren, separately, with a firm voice.

"We are then reduced to this alternative; either the symptoms reported are fabulous or imperfectly related, or pneumonia and apoplexy of the lungs did not cause death."

"Where there is so much of palpable contradiction, so strange a suppression of all public mention of illness until the day preceding death, such scanty information given, and the absence of post-mortem examination, it would be idle to speculate upon what was the precise cause of death."

If the statement we have seen made be true, that the Czar entrusted his health to the infinitesimal gentry, the editor of the *Lancet* might have saved himself of the hopeless task of endeavouring to glean a ray of truth from the impenetrable mists of ignorance and extravagance which envelop the imaginings of the homœopaths.